

NVL Laboratories, Inc.

4708 Aurora Ave N, Seattle, WA 98103
 Tel: 206.547.0100 Emerg. Pager: 206.344.1878
 1.888.NVL.LABS (685.5227)

CHAIN of CUSTODY SAMPLE LOG

Client Paul W. Jackson & Associates

NVL Batch Number _____

Street 2440 Alki Avenue SW # 303

Client Job Number _____

Seattle, WA 98116

Total Samples _____

Project Manager Paul JacksonTurn Around Time ☐ 1-Hr ☐ 24-Hrs ☐ 4 Days☐ 2-Hrs ☐ 2 Days ☐ 5 Days☐ 4-Hrs ☐ 3 Days ☐ 6 to 10 Days

Please call for TAT less than 24 Hrs

Project Location _____

Email address pwjack1@attbi.com

Phone: (206) 932-1123 Fax: (206) 932-1123

Cell: (206) 714-7446

<input type="checkbox"/> Asbestos Air	<input type="checkbox"/> PCM (NIOSH 7400)	<input type="checkbox"/> TEM (NIOSH 7402)	<input type="checkbox"/> TEM (AHERA)	<input type="checkbox"/> TEM (EPA Level II)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asbestos Bulk	<input type="checkbox"/> PLM (EPA/600/R-93/116)	<input type="checkbox"/> PLM (EPA Point Count)	<input type="checkbox"/> PLM (EPA Gravimetry)	<input type="checkbox"/> TEM Bulk	
METALS	Det. Limit	Matrix	RCRA Metals	<input type="checkbox"/> All 8	Other Metals
<input type="checkbox"/> Total Metals	<input type="checkbox"/> ppm (AAS)	<input type="checkbox"/> Air Filter	<input type="checkbox"/> Arsenic (As)	<input type="checkbox"/> Lead (Pb)	<input type="checkbox"/> All 3
<input type="checkbox"/> TCLP	<input type="checkbox"/> ppb (GFAA)	<input type="checkbox"/> Drinking water	<input type="checkbox"/> Barium (Ba)	<input type="checkbox"/> Mercury (Hg)	<input type="checkbox"/> Copper (Cu)
		<input type="checkbox"/> Dust/wipe	<input type="checkbox"/> Cadmium (Cd)	<input type="checkbox"/> Selenium (Se)	<input type="checkbox"/> Nickel (Ni)
		<input type="checkbox"/> Soil	<input type="checkbox"/> Chromium (Cr)	<input type="checkbox"/> Silver (Ag)	<input type="checkbox"/> Zinc (Zn)
<input type="checkbox"/> Other Types of Analysis	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Nuisance Dust	<input type="checkbox"/> Rotometer Calibration	<input type="checkbox"/> Other (Specify) _____	
	<input type="checkbox"/> Silica	<input type="checkbox"/> Respirable Dust	<input type="checkbox"/> Mold/Fungus		

Condition of Package: ☐ Good ☐ Damaged (no spillage) ☐ Severe damage (spillage)

Seq. #	Lab ID	Client Sample Number	Comments	A/R
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

	Print Below	Sign Below	Company	Date	Time
Sampled by					
Relinquished by					
Received by					
Analyzed by					
Results Called by					
Results Faxed by					

Special Instructions: Unless requested in writing, all samples will be disposed of two (2) weeks after analysis.

RCLLC 0002129